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#### United States Patent and Trademark Office



APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NUMBER 07/30/2001

09/919,224

Thomas J. Schall

019934-001710US

20350 TOWNSEND AND TOWNSEND AND CREW TWO EMBARCADERO CENTER **EIGHTH FLOOR** SAN FRANCISCO, CA 94111-3834



**CONFIRMATION NO. 5559 FORMALITIES LETTER** OC000000006562540\*



#### NOTICE OF INCOMPLETE NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

A filing date has NOT been accorded to the above-identified application papers for the reason(s) indicated below.

All of the items noted below and a newly executed oath or declaration covering the items must be submitted within TWO MONTHS of the date of this Notice, unless otherwise indicated, or proceedings on the application will be terminated (37 CFR 1.53(e)).

The filing date will be the date of receipt of all items required below, unless otherwise indicated. Any assertions that the item(s) required below were submitted, or are not necessary for a filing date, must be by way of petition directed to the attention of the Office of Petitions accompanied by the \$130.00 petition fee (37 CFR 1.17(h)). If the petition states that the application is entitled to a filing date, a request for a refund of the petition fee may be included in the petition.

• The application was deposited without drawings. 35 U.S.C. 113 (first sentence) requires a drawing "where necessary for the understanding of the subject matter sought to be patented." Applicant should reconsider whether the drawings are necessary under 35 U.S.C. 113 (first sentence).

The required items noted below SHOULD be filed along with any items required above. The filing date of this nonprovisional application will be the date of receipt of the items required above.

 The oath or declaration is missing. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

A copy of this notice MUST be returned with the reply. RECEIVED

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Initial Patent Examination Division (703) 308-1202

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APPLICANTS: Thomas J. Schall,

TITLE: IMMUNOLOGIC ACTIVITIES OF RHESE CYTOMEGALOVIL-10 AND HUMAN CYTOMEGALOVIL-10 ENCODED IL-10 CYTOMEGALOVIRUS ENCODED

Application No.: Unassigned

Filed: July 30, 2001

Kindly stamp the date received to acknowledge receipt of the below-identified documents and return to addressee.

- Utility Transmittal Form (PTO/SB/05) (1 page);
- Fee Transmittal (PTO/SB/17) (1 page, in duplicate);
- Title Page (1 page); 3)
- Specification (49 pages); 4)
- Claims (6 pages); 5) 6)
  - BEST AVAILABLE COPY Abstract (1 pages);
- Drawings (14 sheets); 7)
- ADS (3 pages); and,
- Return Receipt Postcard.

Date Mailed: July 30, 2001

Via Express Mail Label: EL387639415US

Attorney Docket No.: 019934-001710US PA 3160351 v1 R1C:wca

APPLICANTS: Thomas J. Schall, et al.

TITLE: IMMUNOLOGIC ACTIVITIES OF RHESUS CYTOMEGALOVIRUS ENCODED IL-10 AND HUMAN CYTOMEGALOVIRUS ENCODED IL-10 T.

Application No.: <u>Unassigned</u>

Filed: July 30, 2001

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- Fee Transmittal (PTO/SB/17) (1 page, in duplicate); Title Page (1 page);
- Specification (49 pages); 4) 5) Claims (6 pages);
- Abstract (1 pages); 6)

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- Drawings (14 sheets); 7)
- ADS (3 pages); and, Return Receipt Postcard.

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UTILITY	Attorne	y Docket No.	019934-00171	ous
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Signature	)	Ans	Qua a	me	1/1	10.	Date	July 30, 2001

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Complete if Known

Application Number 09/919,224

Filing Date July 30, 2001

First Named Inventor Schall, Thomas J.

Examiner Name Unassigned

Group Art Unit Unassigned

Attorney Docket No. 019934-001710US

METHOD OF PAYMENT FEE CALCULATION (continued) 3. ADDITIONAL FEES The Commissioner is hereby authorized to charge 1. indicated fees and credit any over payments to: Large Entity Small Entity Fee **Fee Description** Deposit Paid Code Code (\$) (\$) Account 20-1430 105 130 205 65 Surcharge - late filing fee or oath 65 Number 127 227 25 Surcharge - late provisional filing fee 50 or cover sheet. Deposit 139 130 139 130 Non-English specification Townsend and Townsend and Crew LLP Account 147 2,520 147 2,520 For filing a request for reexamination Charge Any Additional Fee Required 112 920\* 112 920\* Requesting publication of SIR prior to Under 37 CFR 1.16 and 1.17 Examiner action Applicant claims small entity status. 113 1.840 113 1.8401 Requesting publication of SIR after See 37 CFR 1.27 Examiner action Payment Enclosed: 115 215 110 55 Extension for reply within first month 116 400 216 200 Extension for reply within second ☐ Check □ Other Credit card ☐ Money month Order 217 117 920 460 Extension for reply within third month **FEE CALCULATION** 118 218 720 Extension for reply within fourth 720 1. **BASIC FILING FEE** 128 1.960 228 980 Extension for reply within fifth month Entity Small Entity Large 320 160 Fee **Fee Description** 119 219 Notice of Appeal Fee Code (\$) Code (\$) Fee Paid 120 320 220 160 Filing a brief in support of an appeal Utility filing fee 101 740 201 370 121 280 221 140 Request for oral hearing 106 330 206 165 Design filing fee Petition to institute a public use 138 138 1,510 1,510 107 510 207 255 Plant filing fee proceeding 140 55 Petition to revive - unavoidable 108 740 208 370 Reissue filing fee 110 240 1,280 241 640 Petition to revive - unintentional Provisional filing fee 114 160 214 80 242 142 1,280 640 Utility issue fee (or reissue) SUBTOTAL (1) (\$) 143 460 243 230 Design issue fee 620 310 Plant issue fee 144 244 2. EXTRA CLAIM FEES 122 122 130 Petitions to the Commissioner 130 130 Extra Fee from Fee Paid Petitions related to provisional Claims below 123 50 123 50 applications Total Claims Independent Submission of Information Disclosure 126 180 126 180 Stmt Recording each patent assignment Multiple 581 40 581 40 per property (times number of Dependent properties) Large Entity Small Entity 146 740 246 370 Filing a submission after final rejection (37 ČFR § 1.129(a)) Fee Fee Description Code Code (\$) (\$) 149 740 249 370 For each additional invention to be 103 203 examined (37 CFR § 1.129(b)) 18 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 179 740 279 Request for Continued Examination (RCE) 370 140 Multiple dependent claim, if not paid 104 280 204 169 900 169 900 Request for expedited examination \*\* Reissue independent claims over 109 209 42 84 of a design application \*\* Reissue claims in excess of 20 and Other fee (specify) 110 18 210 over original patent The Commissioner is authorized to charge any additional fees to the above noted Deposit Account. SUBTOTAL (2) (\$) SUBTOTAL (3) \*Reduced by Basic Filing Fee Paid (\$)715

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Name (Print/Type)	Rosemarie L. Celli	Registration No. (Attorney/Agent)	P7.397	Telephone	650-326-2400
Signature	X OSUN	rane d. Col	W	Date	February 26, 2002

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